IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
LASALLE COUNTY, ILLINOIS

Kevin Kramer
Petitioner

Case No. 2015 F 153

[X] on behalf of: [X] a minor child, or
[ ] an adult who because of age, disability, health, or inaccessibility cannot file the Petition (name(s) listed below)

13TH JUDICIAL CIRCUIT
LA SALLE COUNTY
FILED
JUL - 7 2017
CIRCUIT CLERK
FILED

Vs.

Respondents Name and Address

Julia Eickmeier

Served in Court

☐ Independent
☐ Criminal Proceedings
☒ MDMA Proceedings

## ORDER EXTENSION, MODIFICATION, AND HEARING ON PETITION FOR ORDER OF PROTECTION

The Court finds that:

☒ An Emergency Order of Protection was issued on 10/7/16.
☐ A ☐ Plenary ☒ Interim Order of Protection was issued on 10/24/16; 11/18/16, 11/30/16, 12/23/16, 1/12/17, 1/20/17, 1/26/17, 3/1/17, 5/19/17, 7/5/17.

**THE COURT HAVING JURISDICTION OF THE SUBJECT MATTER, IT IS HEREBY ORDERED THAT:**

☐ 1. The ☐ Emergency ☐ Interim ☐ Plenary Order of Protection is hereby vacated.
☒ 2. The ☐ Emergency ☒ Interim ☐ Plenary Order of Protection is hereby extended to July 19, 2017 at 4:30 pm.
☒ 3. A hearing on the Petition for the ☐ Emergency ☐ Interim ☒ Plenary Order of Protection is hereby set for July 19, 2017 at 9:30 am in Courtroom 40.
☐ 4. The ☐ Emergency ☐ Interim ☐ Plenary Order of Protection is hereby modified as follows:

Agreed _____

Attorney's Name Atty Robert Stulc
Address:
City: LaSalle State IL
Phone: Zip 61301
Fax:
ARDC:

Dated: July 7, 2017

Enter: _____
Judge Eiten

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# LEADS ENTRY GUIDE
## LAW ENFORCEMENT SERVICE DATA SHEET

**Case Number:** 15F153 **Issued:** 07-07-17 **Expires:** 07-19-17

**Respondent**

Name: Julia Eickmeier DOB: 4-14-91 Sex: F
Race: W HGT: 5'4" WGT: 130 Hair: Blnd. Beard: ____ Eyes: ____
Moustache: ____ Identifying Marks: ____
Address: 2830 4th St. L13 Telephone: 815-876-7479
Location: Peru IL 61354
Employer: ____ Telephone: ____
Working Hours: ____ Other Locations: ____
Respondent's Car: Make: ____ Year: ____ Color: ____
Registration: ____

**Remedies**

| R01 | R02 | R03 | R04 | R05 | R06 | R07 | R08 | R09 | R10 | R11 | R11.5 | R12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| R13 | R14 | R14.5 | R15 | R16 | R17 |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Describe: ____

**Petitioner/ Protected Address**

Name: Kevin Kramer DOB: ____
Address(es): 2603 1/2 Market St.
Peru IL 61354

**Protected Persons** (To include Petitioners name and relationship)

| Last, First, MI | Relationship Code |
|---|---|
| Name #1: Kramer, Madeline | CH |
| Name #2: | |
| Name #3: | |
| Name #4: | |
| Name #5: | |
| Name #6: | |
| Name #7: | |
| Name #8: | |

**Miscell-aneous Include BHV Code (Armed Suicidal or Both)**

**LEADS#:** ____ **Entry Time:** ____:____ **Entry Date:** __/__/__ **OPR:** ____

**Modifications:** **Entry Time:** ____:____ **Entry Date:** __/__/__ **OPR:** ____

**Relationship Codes:**

| | | | | | |
|---|---|---|---|---|---|
| Child in Common (not married) | CC | Boyfriend/Girlfriend(Dating) | BG | Child | CH |
| Grandparent | GP | Shared/common Dwelling | CS | Grandchild | GC |
| Personal Assit. or Caregiver To Person w/Disability | PC | In-Law | IL | Parent | PA |
| | | Person w/Disability | PD | Step-child | SC |
| | | Person Resp. for High-Risk Adult | PR | Sibling (Brother/Sister) | SB |
| Spouse | SE | Step-parent | SP | | |
| Step-Sibling | SS | Ex-Former Spouse | XS | Other Related by Blood/Marriage | OF |

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